

**FORM -XVI**  
(See Rule 78(2) (a))

**MUSTER ROLL**  
**For the Month of FEB-2022**

Name and Address of the Contractor **INNOVISION LIMITED**

Room No. 201, 2nd Floor, CB202A, Ring Road,  
Naraina, Delhi-110028

Name and Address of the Establishment in/  
under which contract is carried on

**MAX HEALTHCARE INSTITUTE LTD.**

N - 110, Pnchsheel Park, New Delhi-110017

Name and Address of the Principal Employer :

**MAX HEALTHCARE INSTITUTE LTD.**

Name and Location of Work :-

**Security Services,Pnchsheel Park**

Sr.	ID	Name of Employee's	Desi.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	W. Day	C/O	W/O	Total
1	92990	Suraj Kumar	S/G	A	A	A	P	P	P	P	P	P	P	P	W	P	P	P	P	P	P	P	P	P	P	P	A	P	P	P	22	0	2	24	
2	68975	Nishant Kumar	S/G	P	P	P	P	P	P	W	P	P	P	P	P	W	P	P	P	P	A	A	A	W	A	P	P	P	P	W	20	0	4	24	
3	81611	Neha Sahare	L/G	P	W	P	P	P	P	P	P	W	P	P	P	P	P	P	W	P	P	P	P	P	W	P	P	P	P	24	0	4	28		
4	83602	Subodh Kumar	S/G	P	P	P	P	W	P	P	P	P	P	P	W	P	P	P	P	P	W	P	P	P	P	P	P	W	P	24	0	4	28		
5	83601	Ravi Kumar	S/G	P	P	P	P	P	W	P	P	P	P	P	W	P	P	P	P	P	P	W	P	P	P	P	P	P	W	24	0	4	28		
6	90135	Tutatu Kumar	S/G	P	P	P	P	W	P	P	P	P	P	P	W	P	P	P	P	P	W	P	P	P	P	P	P	W	P	24	0	4	28		
7	90047	Roshni	S/G	P	P	P	P	P	W	P	P	P	P	P	W	P	P	P	P	P	P	W	P	P	P	P	P	P	W	24	0	4	28		
				<b>6</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>5</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>6</b>	<b>7</b>	<b>7</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>6</b>	<b>7</b>	<b>6</b>	<b>4</b>	<b>3</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>5</b>	<b>6</b>	<b>162</b>	<b>0</b>	<b>26</b>	<b>188</b>

**Innovision Limited**

  
**Authorised Signatory**